



RCE
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PATENTS

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450, on June 8, 2006.

Signature Theodore J. Leitner Date 6/8/06
Name Theodore J. Leitner

Attorney Docket No. 7385

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Edwin F. Ullman, *et al.*

Serial No.: 09/732,047

Group Art Unit: 1641

Confirmation No. 9672

Examiner: David J. Venci

Filed: December 7, 2000

Title: Amplified Luminescent Homogeneous Immunoassay

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

TRANSMITTAL LETTER

Request for Continued Examination (RCE) (37 C.F.R. 1.114)

Transmitted herewith for filing in the above-entitled patent application is the following:

1. Transmittal Letter and Request for Continued Examination (RCE) (in duplicate)

[X] Petition For Extension Of Time

Pursuant to 37 C.F.R. 1.136(a), Applicants hereby request an extension of time of

<input checked="" type="checkbox"/> one month	\$120.00
<input type="checkbox"/> two months	\$450.00
<input type="checkbox"/> three months	\$1020.00

to respond to the Office Action dated February 24, 2006, and the Advisory Action dated May 17, 2006.

06/13/2006 HNGUYEN1 00000020 040010 09732047
01 FC:1801 790.00 DA
02 FC:1251 120.00 DA

☒ **Request for Continued Examination (RCE) (37 C.F.R. 1.114)**

Applicant hereby requests continued examination, in accordance with 37 C.F.R. 1.114, for the above-identified patent application. This request is being submitted subsequent to a final rejection and prior to abandonment of the application.

☒ Please consider the Amendment under 37 C.F.R. 1.116 previously filed on March 31, 2006. (Any unentered amendment referred to above will be entered.)

Deposit Account Authorization

☒ There is no increase in the number of independent, dependent or multiple dependent claims beyond those previously paid for.

☒ Fee for Request for Continued Examination (37 C.F.R. 1.17(e)).....\$790.00

☒ Extension of Time fee.....\$120.00

FEE DUE:.....\$910.00

☒ Please charge \$ 910.00 to Deposit Account 04-0010.

☒ Please charge any additional fees that may be required, or credit any overpayment to Deposit Account No. 04-0010. A duplicate of this Transmittal Letter is enclosed.

Address for Correspondence

All correspondence for this application should be addressed as follows: **Susan Yarc, Behring Diagnostics GmbH, c/o Dade Behring Inc., 1717 Deerfield Road, Deerfield, Illinois 60015-0778, and the telephone number is (847) 267-5365.**

Respectfully submitted,



Theodore J. Leitereg
Attorney for Applicants
Reg. No. 28,319

Theodore J. Leitereg
31420 Pennant Ct.
Temecula CA 92591
602-369-1751